

COMMONWEALTH OF MASSACHUSETTS

**Executive Office of Transportation
Massachusetts Highway Department**

APPENDIX B

FOR EOTC/MHD OFFICE USE ONLY	
Project File #	_____
Total Project Cost: \$	_____
Enhancement Funds	_____
Requested: \$	_____

**COMMONWEALTH OF MASSACHUSETTS
TRANSPORTATION ENHANCEMENT PROGRAM GUIDELINES
EFFECTIVE NOVEMBER 2003**

APPLICATION FORM

☐ PRE-APPLICATION

☐ FINAL APPLICATION

(ONLY PROJECT PROPOSALS THAT HAVE SUCCESSFULLY
COMPLETED THE PRE-APPLICATION PROCESS ARE ELIGIBLE FOR
SUBMITTING A FINAL APPLICATION.)

DATE:

Before filling out this application, please see attached Application Form Instructions (Appendix A).

All questions must be answered.

1. Project Name:

2. Project Applicant:

Applicant Name:

Agency Name:

Address:

Telephone Number:

Fax Number:

E-mail address:

Is there more than one project applicant? ☐ Yes ☐ No

3. Applicant's Contracting Officer:

Name:

Title:

Address:

Telephone Number:

Fax Number:

E-mail address:

4. Contact Person:

Name:

Title:

Address:

Telephone Number:

Fax Number:

E-mail address:

5. Is the project to be managed by a sponsor other than the applicant?

☐ Yes

☐ No

If yes, please give:

Sponsor Name:

Contact Name:

Title:

Address:

Telephone Number:

Fax Number:

E-mail address:

6. Regional Planning Agency(s):

Name:

Name:

Address:

Address:

Contact person:

Contact person:

Phone #:

Phone #:

7. MassHighway District Office(s):

District #:

District #:

Address:

Address:

Contact person: _____

Contact person: _____

Phone #: _____

Phone #: _____

8. Project Type: (Check Only One) ☐ Regional ☐ Statewide

9. Type of Work Category: (Include even those work category(s) that are being proposed as the non-federal share/applicant match.)

☐ Program
Construction☐ Property Acquisition☐ Final Design☐

A.) Are all work categories requesting Enhancement funding included in this one application?

☐ Yes ☐ No

If you answered "No" to 9A, please explain?

B.) Are any of these work categories requesting credit toward the non-federal share and applicant match?

☐ Yes ☐ No

If you answered “Yes” to 9B, please explain?

C.) Is this project part of a larger MassHighway and/or municipal roadway project?

☐ Yes ☐ No

If you answered “Yes” to 9C, please describe the nature of that project. (Include the type of funding, status of funding, and total project cost, including the Enhancement funding):

D.) Is there funding, other than Enhancement funding, either being applied for or already approved for this project?

☐ Yes ☐ No

If you answered “Yes” to 9D, please describe the other funding and what work categories it applies to. (Include the type of funding, status of funding, and total project cost, including the Enhancement funding):

10. Has this project proposal received prior funding approval under the Transportation Enhancement Program? ☐ Yes ☐ No

If yes, please list project proposal name:

Fiscal Year the application was approved:

Amount of approved project proposal funding:

What Work Categories were approved:

What is the present status:

11. **Brief Project Proposal Description:** (A detailed project proposal description is requested in item 23. In the space provided, describe the Enhancement component of the project only.)

12. Eligibility for Funding:

A.) Transportation Enhancement Activities:

TABLE OF TRANSPORTATION ENHANCEMENT ACTIVITIES
1) Provision of facilities for pedestrians and bicycles
2) Provision of safety and educational activities for pedestrians and bicyclists
3) Acquisition of scenic easements and scenic or historic sites
4) Scenic or historic highway programs (including the provision of tourist and welcome center facilities)
5) Landscaping and other scenic beautification
6) Historic preservation
7) Rehabilitation and operation of historic transportation buildings, Structures, or facilities (including historic railroad facilities and canals)
8) Preservation of abandoned railway corridors (including the conversion and use thereof for pedestrian or bicycle trails)
9) Control and removal of outdoor advertising
10) Archeological planning and research
11) Environmental mitigation to address water pollution due to highway runoff or reduce vehicle-caused wildlife mortality while maintaining habitat connectivity
12) Establishment of transportation museums

List only the eligible enhancement activities from the table above:

(The primary enhancement activity should be listed first and any secondary activities to follow.)

(You are only required to indicate one eligible activity to qualify, so please do not add activities that do not apply.)

- a)
- b)
- c)
- d)

B.) Direct and Substantial Relationship to Surface Transportation System:

In the space provided, check all relationships that apply to the project proposal and briefly describe.

☐ Function

☐ Proximity

☐ Impact

C.) Non-Traditional Transportation Project Proposal:

Briefly explain how the “Enhancement” project proposal is a “Non-Traditional Transportation Project Proposal”:

D.) (For Statewide Project Proposals Only) Briefly explain how the project proposal meets statewide criteria:

13. Funding Breakdown for Transportation Enhancement funding:

Work Categories	Breakdown Of Funding			TOTAL for each row across
	Federal Share (80%)	State Share (10%/20%)	Applicant Share (10% min.)	
Programs				
Property Acquisition				
Final Design				
Construction				
Cash				
TOTAL				Total Project Cost:

*Applications submitted by a federal or state agency require a 20% applicant match.

Please indicated the percentage of funding shares, and explain the proposed applicant match, including its source and percentage of overall project costs: (For example, is the applicant match in the form of cash or in-kind services and explain.)

Percentage of Federal Funds requested:

Percentage of State Funds requested:

Percentage of applicant match:

14. Project Proposal Location/Limits: (Please be as specific as possible.)

15. Project Proposal Status: (All applicants must complete the following information.)

A.) Program work category, please answer the following:

Is the Planning Phase complete? ☐ Yes ☐ No

If “yes”, by whom?

If “no”, please explain why?

B.) Property Acquisition work category, please answer the following: (All applicants must complete the following information.)

1) Is there any property acquisition necessary to complete this project? ☐ Yes ☐ No

If “yes”, please explain.

2) Was there any property acquisition already completed for this project? ☐ Yes ☐ No

If “yes”, please explain.

3) Has all necessary land acquisition been identified? ☐ Yes ☐ No

If “no”, please explain.

4) Does the applicant have permission to all the land? ☐ Yes ☐ No

If “yes”, in what way? (answer the following)

Land in Fee:	☐ Yes	☐ No
Permanent Easements:	☐ Yes	☐ No
Temporary Easements:	☐ Yes	☐ No
Eminent Domain:	☐ Yes	☐ No

Please explain.

5) Will this project application impact private property in any way? Ie. Does any part of this project application require construction on or through private property? ☐ Yes ☐ No

If “yes”, please explain?

6) Are there any encroachments?

☐ Yes

☐ No

If “yes”, please explain.

7) Has there been or will there be any land takings by eminent domain? ☐ Yes ☐ No

If “yes”, please explain whether they were or will be of a friendly or hostile nature?

8) Is the land acquisition for: ☐ Preservation or ☐ Construction (Check one).

C.) Final Design and/or Construction Work categories, please answer the following: (All applicants must complete the following information.):

1) Is the Planning/Feasibility Phase complete:

☐ Yes

☐ No

a.) If yes, by whom:

b.) If no, explain:

2) Is the Preliminary Design (25%) Phase complete:

☐ Yes

☐ No

a.) If yes, by whom:

b.) What is the status of the MassHighway review? :

c.) Is the designer a MassHighway-approved consultant?: ☐ Yes

☐ No

3) Is the Final Design (75%) Phase Complete: ☐ Yes ☐ No

a.) If yes, by whom:

b.) What is the status of MassHighway review:

c.) Is the designer a MassHighway-approved consultant? ☐ Yes ☐ No

4) Is the Final Design (100%) Phase Complete: ☐ Yes ☐ No

a.) If yes, by whom:

b.) What is the status of MassHighway review:

c.) Is the designer a MassHighway-approved consultant? ☐ Yes ☐ No

5) If the designer is not a MassHighway-approved consultant, please check one of the following:

☐ local volunteer

☐ city or town engineer

☐ consulting firm

☐ Other

If the designer is not a MassHighway-approved consultant, please explain why this consultant has been selected?

- 6) If design has begun, but is not complete, please give the design status and estimated completion date:

Design Status:

Estimated completion date:

- 7) Estimated date to begin construction/implementation:

- 8) Estimated date to complete construction/implementation:

16. Party Responsible for Future Maintenance & Operation:

Department Name:

Dept. Representative:

Address:

Telephone Number:

Fax No.

E-mail address:

17. Americans with Disabilities Act:

- A.) Has this project proposal received a waiver under the Americans with Disabilities Act?

No ☐ Yes ☐

If yes, please include a copy of the waiver as an attachment.

- B.) Does this project require a waiver under the Americans with Disabilities Act?

No ☐ Yes ☐

If yes, please explain.

C.) Is this project application requesting funding to meet ADA requirements?

No ☐ Yes ☐

If yes, please explain.

18. Public Participation:

A.) Has a public hearing been held on the project proposal? ☐ Yes ☐ No

If “no”, please explain why and whether you intend to hold a public hearing.

B.) Does your proposal have an affirmative town meeting vote, city council approval or municipal referendum? ☐ Yes ☐ No

If yes, by whom:

If “no”, please explain why.

C.) Is there any known support to the project proposal? ☐ Yes ☐ No

If “yes”, please explain who and why.

D.) Is there any known opposition to the project proposal? ☐ Yes ☐ No

If “yes”, please explain who and why.

E.) Have you solicited public opinion in any way? ☐ Yes ☐ No

If “yes”, please explain how and to whom.

- | | |
|--|----------------|
| 19. Copies of city council, town votes or municipal referendums: | To be attached |
| 20. Copies of minutes from public hearings, including any votes: | To be attached |
| 21. Any Public Support Documentation: | To be attached |
| 22. Any Public Opposition Documentation: | To be attached |
| 23. “Detailed” Enhancement Project Proposal Description: | To be attached |
| 24. Any site plans and/or locus maps: | To be attached |
| 25. Environmental Requirements: | To be attached |
| 26. “Detailed” Scope and Budget: | To be attached |
| 27. Brief description of Regional Planning Agency Selection Process: | To be attached |
| 28. Funding Schedule by TIP year: | To be attached |

29. Authorizing Signature:

Signature : _____ Date:

Name:
Type Official's Name

Title:
Type Official's Title

Please note: the individual who is authorized to contract on behalf of the City/Town/Agency must sign Application.